

3738/9
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PTO/SB/21 (modified)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	09/635,345	
	Filing Date	August 9, 2000	
	First Named Inventor	Albert K. Chin	
	Group Art Unit Number	3738	
	Examiner Name	Thomas C. Barrett	
Total Number of Pages in This Submission	**7	Attorney Docket Number	80121-07179

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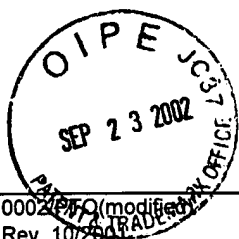
TECHNOLOGY CENTER R3700

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Information Disclosure Statement & PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
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<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>

REMARKS: ** "Total Number of Pages in this Submission" does not include cited references.

SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355	Dated: 9/17/02

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
Signature:		
Typed or Printed Name:	Albert C. Smith	Dated: 9/17/02
Express Mail Mailing Number (optional):		



0002 PTO (modified)
Rev. 10/2001

U.S. Department of Commerce
Patent and Trademark Office

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$ 180)**

Complete if Known

Application Number	09/635,345
Filing Date	August 9, 2000
First Named Inventor	Albert K. Chin
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METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.†
- ☐ Applicant claims small entity status See 37 CFR 1.27

Deposit Account Number: 19-2555

Deposit Account Name: FENWICK & WEST LLP

A Duplicate Copy of this authorization is attached

2. ☒ Payment Enclosed:

☒ Check ☐ Credit Card ☐ Other

FEE CALCULATION (fees effective 10/01/2001)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
101/\$740	201/\$370	Utility Filing	<input type="text"/>
106/\$330	206/\$165	Design Filing	<input type="text"/>
108/\$740	208/\$370	Reissue	<input type="text"/>
114/\$160	214/\$80	Provisional Filing	<input type="text"/>
SUBTOTAL (1)			(\$).00

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$18	203/\$9	Claims in excess of 20
102/\$84	202/\$42	Independent claims in excess of 3
104/\$280	204/\$140	Multiple dependent claim
109/\$84	209/\$42	Reissue independent claims over original patent
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$65	Surcharge - late filing fee or oath	<input type="text"/>
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
147/\$2,520	147/\$2,520	For filing a request for reexamination	<input type="text"/>
115/\$110	215/\$55	Extension for response within first month†	<input type="text"/>
116/\$400	216/\$200	Extension for response within second month†	<input type="text"/>
117/\$920	217/\$460	Extension for response within third month†	<input type="text"/>
118/\$1,440	218/\$720	Extension for response within fourth month†	<input type="text"/>
128/\$1,960	228/\$980	Extension for response within fifth month†	<input type="text"/>
119/\$320	219/\$160	Notice of Appeal	<input type="text"/>
141/\$1,280	241/\$640	Petition to revive unintentionally abandoned application	<input type="text"/>
142/\$1,280	242/\$640	Utility Issue Fee (Or Reissue)	<input type="text"/>
143/\$460	243/\$230	Design Issue Fee	<input type="text"/>
122/\$130	122/\$130	Petitions to the Commissioner	<input type="text"/>
126/\$180	126/\$180	Submission of Information Disclosure Statement	180
179/\$740	279/\$370	Request for Continued Examination (RCE)	<input type="text"/>
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
146/\$740	246/\$370	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
149/\$740	249/\$370	For each additional invention to be examined (37 CFR 1.129(b))	<input type="text"/>
Other fee (specify):			<input type="text"/>
Other fee (specify):			<input type="text"/>
SUBTOTAL (3)			(\$180)

(Col. 1)		(Col. 2)		(Col. 3)		Fee		Fee Due
For	No. of Existing Claims	minus*	Highest No. Previously Paid For	=	Extra**	x	=	
TOTAL		minus*	20 or 0	=		x	=	
INDEP		minus*	3 or 0	=		x	=	
[] First presentation of multiple dependent claim								

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) **(\$).00**

SUBMITTED BY

Typed or Printed Name **Albert C. Smith**

Signature

Albert C. Smith

Complete (if applicable)

Reg. Number **20,355**

Date

9/17/02

† Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby